

Application Data Sheet**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: TRANSFER SYSTEM AND METHOD FOR  
TRANSFERRING A CRYOGENIC FLUID  
FROM AN ONSHORE UNIT TO A SHIP  
BY MEANS OF A BUOY COMPRISING A  
REEL FOR A FLEXIBLE HOSE AND  
WHICH LEVEL IN THE WATER CAN BE  
CHANGED  
Attorney Docket Number:: 2001-1447  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 8  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No

Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: MONACO  
Status:: Full Capacity  
Given Name:: LEENDERT  
Middle Name::  
Family Name:: POLDERVAART  
Name Suffix::  
City of Residence:: MONACO  
State or Province of  
Residence::  
Country of Residence:: MONACO  
Street of Mailing 2, IMPASSE DU CASTELLERETTO  
Address::  
City of Mailing Address:: MONACO  
State or Province of Mailing Address::  
Country of Mailing Address:: MONACO  
Postal or Zip Code of Mailing Address:: MC-98000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: HEIN  
Middle Name::  
Family Name:: WILLE  
Name Suffix::  
City of Residence:: EZE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 9 RUE MONTEE ST. MICHEL

Address::

City of Mailing Address:: EZE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-06360

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: HEIN

Middle Name::

Family Name:: OOMEN

Name Suffix::

City of Residence:: NICE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 14 RUE ROSSINI

Address::

City of Mailing Address:: NICE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-06000

#### **Correspondence Information**

Correspondence Customer 00466

Number::

#### **Representative Information**

|                         |       |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number::                |       |

**Domestic Priority Information**

| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This application | National Stage of | PCT/NL2004/000875    | 12/16/04             |
|                  |                   |                      |                      |

**Foreign Priority Information**

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| EUROPE    | 03079118.0           | 12/18/03      | Yes                |
|           |                      |               |                    |

**Assignment Information**

Assignee Name:: SINGLE BUOY MOORINGS INC.

Street of Mailing 24 AVENUE DE FONTVIEILLE

Address::

City of Mailing Address:: MONACO CEDEX

State or Province of Mailing Address::

Country of Mailing Address:: MONACO

Postal or Zip Code of Mailing Address:: MC-98007